TARGETED CASE MANAGEMENT FOR PREGNANT WOMEN AND INFANTS
INDIVIDUAL SERVICE PLAN ADDENDUM*

NAME: _____   DOB: _____

Priority: 1==Immediate   2=Intermediate   3=Long Term

▬ **Client/Family Need:** _____

Service goal: _____

Date	Plan	By Whom	Priority	When	Outcomes (dated)

▬ **Client/Family Need:** _____

Service goal: _____

Date	Plan	By Whom	Priority	When	Outcomes (dated)

▬ **Client/Family Need:** _____

Service goal: _____

Date	Plan	By Whom	Priority	When	Outcomes (dated)

Client/Parent/Guardian signature: _____   Date: _____

Case Manager signature: _____   Date: _____

Interpreter signature (if applicable): _____   Date: _____

* **Complete only when new needs are identified during monitoring contacts and client follow up.**

* **Complete only when new needs are identified during monitoring contacts and client follow up.**